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INDICATION FORM**

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

| | |
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| Application Number | 10/721,329 |
| Filing Date | November 26, 2003 |
| First Named Inventor | Henryk KULAKOWSKI |
| Title | Method of Accounting Electronic Transactions and Method of Effecting Electronic Transactions Via Phone |
| Art Unit | 3629 |
| Examiner Name | TBA |
| Attorney Docket No. | 64640.000002 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



Practitioners associated with the CUSTOMER NUMBER:
OR

21967



Practitioner(s) named below:

| Name | Registration Number |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



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| Country | | | | |
| Telephone | | Facsimile | | |

I am the: ☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).

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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------------------|-------------------------------|---------------------|----------------|
| Signature | <i>B. Kulakowski</i> | Date | PREZES ZARZĄDU |
| Typed or Printed Name | Prezydent Bogusław Kulakowski | Telephone | |
| Title and Company | mPay International Sp. z o.o. | Bogusław Kulakowski | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.